NHS
North Lincolnshire
Clinical Commissioning Group

North Lincolnshire Clinical Commissioning Group

Quality Strategy

2017 - 2019

Document Title:	North Lincolnshire CCG Quality Strategy
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Version No:	V2.0
Latest Version Issued On	August 2017
Date of Next Review:	August 2019
Completion Equality Impact Statement **Name:** **Job Title:** **Date:**	 Chloe Nicholson Quality & Experience Manager 23 August 2017
Target Audience:	All CCG staff

	Committees / Groups / Individual	**Date**
Approved by Committees:	NLCCG Quality Group	23 August 2017
Ratified by Committees:	NLCCG Quality Group	23 August 2017

CHANGE RECORD			
Version	**Author**	**Nature of Change**	**Date placed on Intranet**
2.0	Chloe Nicholson	Comprehensive update and reformatting	10/11/17

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1. Introduction

1.1 Foreword

This quality strategy sets out the approach of North Lincolnshire Clinical Commissioning Group (NL CCG) to quality in the commissioning and monitoring of services. Building on the recommendations of the Francis, Keogh, Berwick and Cummings reports the strategy outlines our responsibilities, describing what we mean by the term 'quality' and how we will assure ourselves that people within the population we serve receive high quality care. It also sets out the governance arrangements that ensure that our Governing Body are informed on the quality of services commissioned by the CCG.

North Lincolnshire is a largely rural district, covering an area of 85,000 hectares. The industrial town of Scunthorpe is the main population and employment centre, with manufacturing industries continuing to dominate the local economy.

The Care Act 2014 states:
"Each clinical commissioning group must exercise its functions with a view to securing continuous improvement in the quality of services provided to individuals for or in connection with the prevention, diagnosis or treatment of illness".

North Lincolnshire Clinical Commissioning Group (NL CCG) is fully committed to the continuous improvement and quality of services. This includes those that we commission, and those that we may not commission directly but which are provided to our resident population, for example, primary care services and care provided in care homes.

The CCG has a statutory duty to commission high quality care for the local population which includes the scrutiny of all providers, in addition assurance is required by the Governing Body that the continuous improvement in quality of care is being achieved in our commissioned and co-commissioned services.

However, we cannot do this in isolation and our Quality Assurance Framework sets out how we are mobilising and using our resources to meet our responsibilities and supports delivery of this strategy.

1.2 Principles

To support the achievement of high quality service provision, NL CCG will:

- Provide leadership across the local health economy ensuring the principles of clinical effectiveness, patient safety and patient experience are embedded into services we commission
- Work with providers and partner organisations at local and national levels to bring together all relevant data and intelligence to better understand and share what is working well, where improvements need to be made and to monitor progress.

- Actively seek the views of local people, patients, GP's, other health workers and the community about the services they need and their opinions as to how they can be improved.
- Continue to learn from best practice and seek to promote innovation and learning in our commissioning role.

1.3 Purpose of the Quality Strategy

This quality strategy is central to the delivery of quality improvements for NL CCG.

Through our Quality Strategy we will:

- Promote and ensure high quality outcomes and safety throughout the patient journey
- Promote innovation and new ways of working that deliver positive outcomes for patients
- Embed a culture of continuous improvement learning and harm reduction amongst local providers
- Promote and improve quality in primary care to secure best possible outcomes for our patients
- Support vulnerable people and their carers
- Support and promote the NHS Constitution
- Provide assurance regarding the quality of care delivered in our commissioned services

1.4 Definition of Quality

In 2013, the National Quality Board described how healthcare organisations needed to have a systematic approach to clinical quality, reminding us that *High Quality of Care for All* should be available for all.

'*Continuously improving patient safety should be at the top of the healthcare agenda for the 21st century. The injunction to do no harm is one of the defining principles of the clinical professions... safety must be paramount for the NHS. Public trust in the NHS is conditional on our ability to keep patients safe when they are in our care.'*
(Darzi, 2008)

This definition of quality is now enshrined in legislation through the Health and Social Care Act 2012 and is the basis upon which this Quality Strategy is developed. This definition sets out the three dimensions to quality that must be present to provide a high quality service, these dimensions are provided below:

Clinical Effectiveness – quality care which is delivered according to the best evidence as to what is clinically effective in improving an individual's health outcomes;

Safety – quality care is care that is delivered to avoid all avoidable harm and risks to the individuals' safety

Patient Experience – quality care aims to give the individual a positive experience, this includes being treated according to what that individual wants or needs with compassion dignity and respect

(Quality in the Health Care System – National Quality Board 2013)

The above requirements dovetail into the NHS Outcomes Framework which provides a key driver for evaluating and promoting quality in the NHS. The Outcomes Framework was derived from the three part definition of quality first set out by Lord Darzi as part of the NHS Next Stage Review (2008) and demonstrates the impact that commissioning organisations should have on their patient populations.

The table below provides a breakdown of the 5 domains that form the NHS Outcomes Framework.

Domain 1	Preventing people from dying prematurely
Domain 2	Enhancing quality of life for people with long term conditions
Domain 3	Helping people to recover from episodes of ill health or following injury
Domain 4	Ensuring that people have a positive experience
Domain 5	Treating and caring for people in a safe environment and protecting them from avoidable harm.

1.5 Strategic Objectives for Quality Assurance

The NHS Outcomes Framework identifies that patient safety; experience and effectiveness are key drivers in reviewing and improving care.

NL CCG has a duty to ensure that these key aspects of good quality are integrated into all of its activities and this can be achieved by complying with the following principles:

1. Principle 1:

Learning for improvement: leaders and all care providers should be supported to learn, develop and act on safety and care concerns throughout their working life

2. Principle 2:

Listen and act: Patient experience is critical to driving quality. It should be considered, triangulated and acted upon as part of every action we take and every plan we implement

3. Principle 3:

Be transparent (candour and performance): openness and transparency within health and care is essential

4. Principle 4:

Support learning and development: staff experience matters and is a strong indicator for the quality of care

5. Principle 5:

Develop a positive culture of values: a strong safety and learning culture improves quality of care

2. Working in Partnership

NLCCG recognises that it cannot achieve these objectives by working in isolation, in order to secure the necessary improvements; we will work closely with partner agencies both at a local and national level to deliver our objectives. Our partner agencies include:

2.1. NHS England (NHSE)

NHS England's role is "to support and enable CCGs to commission services for their local populations, and to secure continuous quality improvement in those services". In relation to primary care, NHS England has "responsibility for overseeing the quality of primary care provision, including performance management of individual GP practices, dentists, opticians and pharmacists".

2.2. NHS Improvement (NHSI)

NHSI is responsible for overseeing foundation trusts and NHS trusts, as well as independent providers that provide NHS-funded care. NHSI offers support to providers to ensure that they give patients consistently safe, high quality, compassionate care within local health systems that are financially sustainable. By holding providers to account and, where necessary, intervening, NHSI supports the NHS in meeting its short-term challenges and to secure its long term future.

2.3. Care Quality Commission (CQC)

The CQC is an independent regulator of health and social care in England. It monitors and makes authoritative judgements on the quality and safety of health and care services according to whether they are safe, effective, responsive and well led.

2.4. Healthwatch England

Healthwatch is the independent consumer champion for health and social care in England charged with ensuring that the voices of the public and those who use the services are heard by the decision makers. Healthwatch has been created to gather and represent the views of the public. Healthwatch plays a role at both national and local level and makes sure that the views of the public and people who use services are taken into account.

2.5 Healthwatch North Lincolnshire

Healthwatch North Lincolnshire supports local people in influencing the delivery and design of local services. Healthwatch can help to support the population of north Lincolnshire by undertaking the following:

- making sure that people's views on health and social care are heard, helping people to make improvements in services.
- providing information about local health and social care services that people may find useful.
- ensuring that everyone in our community is able to be involved, and to have their voices heard.

Healthwatch has a right to undertake Enter & View visits in Health & Social Care services across North Lincolnshire. Enter & View is the opportunity for authorised representatives to visit Health & Social care premises to hear and see how service users experience the service, collect feedback and observe the quality of services.

2.6. Voluntary Action North Lincolnshire (VANL)

Voluntary Action North Lincolnshire (VANL) is a Registered Charity and a Company Limited by Guarantee. VANL's purposes are the advancement of education and the protection of health and the relief of poverty, distress and sickness in the north Lincolnshire area. These aims are pursued by bringing together voluntary and statutory organisations in North Lincolnshire and by encouraging co-operation between organisations.

2.7. Health Education England (HEE)

HEE works across England to deliver high quality education and training for a better health and healthcare workforce. HEE works in collaboration with the NHS to support the delivery of excellent healthcare and health improvement to the patients and public of England by ensuring that the healthcare workforce has the right number of staff with the right skills and values and the right behaviours to deliver the required services.

2.8. Public Health England (PHE)

PHE is the expert national public health agency that fulfils the Secretary of State's statutory duty to protect health and address inequalities, and executes the Secretary of State's power to promote the health and wellbeing of the nation. PHE has operational autonomy, its freedoms and obligations are described in the Framework Agreement with the Department of Health, which makes clear that PHE is free to publish and to speak to the evidence and its professional judgement.

2.9 National Quality Board (NQB)

The NQB was established by the Department of Health to deliver high quality care for patients throughout the NHS and at the interface of health & social care. The NQB oversees and regularly contributes to the development of health and social care quality policy including NICE standards and clinical audit, the NQB also provides expert leadership and input into the health and social care change process.

2.10 NHS Digital

NHS Digital is an arms-length body of the Department of Health that provides information, data and IT systems to commissioners, analysts and clinicians in health and social care. NHS Digital ensures that organisations meet information and security standards.

2.11 National Institute for Health and Care Excellence (NICE)

The purpose of NICE is to improve outcomes for people using the NHS and other public health and social care services.

This is achieved by undertaking the following:

- Producing evidence-based guidance and advice for health, public health and social care practitioners
- Developing quality standards and performance metrics for those providing and commissioning health, public health and social care services
- Providing a range of information services for commissioners, practitioners and managers across the spectrum of health and social care.

2.12 Humber Coast & Vale Sustainability and Transformation Plans

In addition to working with the agencies described above, the CCG will also work in collaboration with other CCG's across the Humber area to deliver the Humber Coast & Vale Sustainability and Transformation Plans.

In 2016, NHS England published its Shared Planning Guidance. This guidance required every local health and care system in England to come together to create a local plan for accelerating the implementation of the Five Year Forward View. These local plans are called Sustainability and Transformation Plans (STPs) and will be place-based, multi-year plans built around the needs of local populations.

The Humber Coast and Vale area covers six NHS Clinical Commissioning Groups and six local authority boundaries representing communities in Hull, East Riding, York, Scarborough and Ryedale, North Lincolnshire and North East Lincolnshire. By working on this larger scale, the CCG is able to access further opportunities to share expertise and resource.

The aims of the Humber Coast & Vale STP are to improve health & wellbeing; to improve the quality of care and improve efficiency.

The Humber Coast & Vale STP has agreed 6 priorities to be delivered between 2016 and 2021, these priorities are:

- Helping people to stay well
- Place based care
- Creating the best hospital care
- Supporting people with mental health problems
- Helping people through cancer
- Strategic commissioning

STPs will help drive a genuine and sustainable transformation in health and care outcomes and will also help build and strengthen local relationships.

3. National Quality Drivers

NLCCG will lead and work in partnership with local providers to focus on delivering high quality sustainable services. This work will be guided by a number of policy drivers, some of which are identified below. These policies will inform the work of the CCG and will be used as appropriate to benchmark performance against quality metrics within the CCG and in the CCG's main providers.

The NHS Outcomes Framework[1] identified the need to move away from simply measuring outputs in the form of activity, to measuring the outcomes and effectiveness of interventions for patients. The five domains of the NHS Outcomes Framework incorporate the three defining elements of quality; effectiveness, experience and safety. These elements underpin this Quality Strategy and the NLCCG Quality Framework.

The Francis Report[2] of the inquiry into the systemic failings at the Mid Staffordshire NHS Foundation Trust and Transforming Care: A National Response to Winterbourne View Hospital[3] identified that quality is as much about the behaviours and attitudes to patients as it is about the transactional aspects of service delivery. In response to this, the CCG reviewed its own practices and processes and those of its main providers to ensure that the circumstances that arose in Mid Staffordshire NHS Trust do not happen in north Lincolnshire. The CCG will continue to apply the learning identified in the Francis Report through the contract monitoring process and the CCG's site visit process.

In addition to this, Professor, Sir Bruce Keogh led a review, in 2013 into the care and quality of treatment provided at a number of acute hospitals that had been identified as outliers on mortality indicators. This and criticisms about the involvement of the Care Quality Commission (CQC) in a number of high profile cases led to a wholesale review of its operations and following this process, the expectation from the government that the CQC would, through a new inspection regime, make the definitive judgements on the quality within providers.

The CCG continues to monitor the mortality rates across its provider organisations; this data is reviewed on a monthly basis via the Quality Group as part of the quality dashboard and via the NL&G Mortality Group. Where anomalies are identified, commissioners undertake an in-depth review of mortality data to establish the position and to determine appropriate action. The CCG continues to work closely with the CQC and other regulators to support the inspection and monitoring process in relation to each provider organisation.

The NHS Constitution[4] first published in March 2012 and updated in 2013, set out rights for patients, public and staff.

It outlines NHS commitments to patients and staff, and the responsibilities that the public, patients and staff owe to one another to ensure that the NHS operates fairly and effectively. All NHS bodies and private and third sector providers supplying NHS services are required by law to take account of this constitution in their decisions and actions. The NHS Constitution formally sets out, in the Department of Health's prescribed manner, the responsibilities of CCGs in commissioning care for patients.

[1] http://www.england.nhs.uk/wp-content/uploads/2013/12/ccg-ois-1415-at-a-glance.pdf

[2] http://www.midstaffspublicinquiry.com

[3] https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/213215/final-report.pdf

[4] https://www.gov.uk/government/publications/the-nhs-constitution-for-england

The CCG formally adopted the NHS Constitution at the time it was established in 2013 and the CCG has a duty to promote the Constitution in the exercise of its functions. The Constitution outlines all the work that the CCG does and defines how we will work together, our principles and commitments for the future.

The Five Year Forward View[5] and the Sustainability and Transformation Plans (STPs) that are being developed across agreed areas are all being driven by the "triple aim" of (1) improving the health and wellbeing of the whole population; (2) better quality for all patients, through care and redesign; and (3) better value for taxpayers in a financially sustainable system. In response to this, NHS England introduced an Improvement and Assessment Framework for CCGs (CCG IAF) which aligns in one place the NHS Constitution and other core performance and financial indicators, outcome goals and transformational challenges and will enable there to be oversight and additional insight into performance and quality. The CCG IAF has been designed to supply indicators for adoption in STPs as markers of success. These plans will provide vision and direction on local actions that will support delivery of the NLCCG IAF. The IAF is monitored by the Governing Body as part of the CCG's Performance Report.

The General Practice Forward View[6] sets out an ambitious five year programme of reform and transformation within general practice. It recognises the important contribution primary care has in securing high quality care, it equally recognises that practical steps need to be taken to improve investment, workforce, workload and care redesign. Through this programme, the CCG's Quality Directorate and Primary Care Directorate will work collaboratively to provide further support to primary care colleagues to deliver the outcomes defined in the programme.

An important component of ensuring that CCGs deliver value for their local population is a better understanding of where there is opportunity to improve health outcomes for better value. NHS England have launched the Right Care programme[7], the genesis of which lies in the original Quality, Improvement, Prevention and Productivity (QIPP) programme initiated by the Department of Health in 2009.

The primary objective for Right Care is to maximise value:

- the value that the patient derives from their own care and treatment
- the value the whole population derives from the investment in their healthcare

To build on the success and value of the Right Care programme, NHS England and Public Health England are taking forward the Right Care approach through new programmes to ensure that it becomes embedded in the new commissioning and public health agendas for the NHS.

[5] https://www.england.nhs.uk/wp-content/uploads/2014/10/5yfv_web.pdf
[6] https://www.england.nhs.uk/wp-content/uploads/2016/04/gpfv.pdf
[7] http://www.rightcare.nhs.uk/

At a local level, the CCG will implement the Right care approach by ensuring that local health economies:

- **make the best use of resources** – offering better value for patients, the population and the tax payer
- **understand how they are doing** – by identifying unwarranted variation between demographically similar populations
- **get talking about the same stuff** – about healthcare rather than organisations
- **focus on the areas of greatest opportunity** by identifying priority programmes which offer the best chances to improve healthcare for populations
- **use tried and tested processes** to make sustainable improvement to care to reduce unwarranted variation

4. Embedding Quality: Structures & Framework

4.1 Becoming a learning organisation

NLCCG will strive to become a learning organisation by developing its organisational culture & leadership, being responsive to the needs of patients, embedding quality and patient safety into all of our thinking, service development and commissioning, and supporting research and innovation.

4.2 Roles & Responsibilities

The strategic objectives of the CCG include; creating effective partnership working arrangements, listening to and working with the population of North Lincolnshire, holding our partners to account for improving quality, targeting resources to those most in need and reducing unwarranted variation in health care provision.

There are also specific, as well as statutory, responsibilities that are carried out on a collective and an individual basis. These responsibilities are summarised below.

4.2.1 Governing Body

The Governing Body has the responsibility to assure itself that there are the systems and processes in place in the CCG to monitor quality, patient safety and patient experience in commissioned services and to hold an overview of the work of the Quality Committee and the CCG's Quality Team.

The CCG Governing Body will receive regular reports and information on the quality of care within our community and secondary care settings.

4.2.2 Accountable Officer

The Accountable Officer holds ultimate responsibility for ensuring that the CCG is meeting its statutory requirements for quality, safeguarding and patient safety and that there are mechanisms in place for the CCG to recognise where there are concerns or failures in commissioned services, or in the CCGs ability to monitor the quality and safety of services. The Accountable Officer will discharge these functions through the Executive Nurse.

4.2.3 Executive Nurse

The Executive Nurse holds the Governing Body responsibility for giving assurance to the CCG in relation to the quality and safety of services being delivered to the local population. The Executive Nurse oversees the processes and systems to ensure all national and local requirements to maintain and improve quality, safety and patient experience are delivered. This includes the responsibility for the embedding of quality into the commissioning cycle on behalf of the Clinical Commissioning Group.

4.2.4 GP Governing Body Leads

GPs on the Governing Body have a specific role to play in providing expert clinical support and advice to the CCG and represent the CCG within the wider health community. They will also take a lead role in discussions with member GPs, consultants and medical staff within provider organisations as well as having a broader role in quality assurance and related activities.

4.2.5 All staff

All staff groups in the CCG have a responsibility to support the CCG to commission high quality services.

4.2.6 Quality Group

The Quality Group is a formal committee of the CCG Governing Body and is integral to the infrastructure for supporting quality improvement.

The Group has the role of assuring the Governing Body of the quality and safety of all health services commissioned by the CCG.

The Group is the formal mechanism by which the CCG discharges its responsibilities for clinical quality. The Committee co-ordinates the delivery of continuous quality improvement, systems of accountability, promotion of patient safety and oversees dissemination of good practice across commissioned services.

The Group is chaired by the Lay Member for Equality & Inclusion and includes members of the Governing Body and the professional leads for adults and children's safeguarding, clinical quality and provider assurance.

The Quality Group will:

- Provide oversight and give assurance to the Governing Body that the patient and patient feedback is kept at the centre of all decision making.
- Assure the quality of the services commissioned.
- Promote continuous improvement, learning and innovation with respect to clinical effectiveness, safety of services and patient experience.
- Monitor and drive the quality of all commissioned care by critically analysing data, including incident reporting, serious incident reviews, complaints, never events and soft intelligence data. This will promote identification and sharing of themes and trends, while retaining a focus on the patients' experience, recommending action where concerns have been identified.
- Ensure effective quality surveillance systems and processes are in place including for the management of SIs, adult and child safeguarding and execution of the Mental Capacity Act, receiving and reviewing reports and giving assurance to the Governing Body.
- Receive and review reports on quality in respect of commissioned services to include performance against CQUINs; patient experience and clinical performance indicators.
- Support continuous improvement in the quality of primary care as appropriate.
- Oversee and provide assurance on the clinical governance arrangements in commissioned services.
- Maintain a risk register to enable the Quality Group to take a collective view and respond swiftly to issues, risks, and quality concerns by acting on information, both formally reported and informal/soft intelligence, in a robust manner.
- Follow a systematic approach in response to quality concerns, from watching and monitoring a situation through to implementing an in-depth quality review site visit as required.
- Take a pro-active leadership role in responding to national policy, public and media concerns and research and development.
- Provide strategic direction and oversight of the promotion, use and development of research, consistent with NLCCG statutory duties arising from The Health and Social Care Act (2012) and The Care Act (2014).
- Develop commissioner action plans to address areas of under-performance.

4.2.7 Patient and Community Assurance Group (PCAG)

The purpose of the NL Patient and Community Assurance Group (PCAG) is to provide independent assurance to the Governing Body that effective robust structure, processes and accountabilities are in place for engagement with local people.

These structures and processes are in place to inform the commissioning decisions of the organisation and to ensure that the CCG appropriately and effectively fulfils its statutory duty for public involvement outlined in the Health and Social care Act (2012) and the NHS Constitution (2013).

Objectives of the PCAG:

- To oversee, challenge and hold the CCG to account around involving local people in their decision making
- To ensure that engagement with the wider community is undertaken using a wide range of methodologies to gather information and views and inform decisions
- To ensure that the CCG puts the patient and patient experience at the heart of quality improvement
- To offer practical support to new projects where community engagement is required
- To listen to, discuss and contribute to proposals/changes that are required; challenging decisions, where appropriate
- To ensure that any proposals and/or decisions regarding services, service change, etc. have had appropriate community involvement in line with best practice

4.2.8 Quality Surveillance Group (QSG)

The National Quality Board (NQB) published a report 'Quality in the new health system – Maintaining and improving quality from April 2013' which provides clarity on the roles and responsibilities of different parts of the new system in relation to quality, and how organisations should work together to prevent, identify and respond to quality failures. The NQB proposed that, in order to strengthen joint working across health and care economies regionally and locally, a new network of Quality Surveillance Groups (QSGs) should be established.

QSGs bring together commissioners, regulators and other parts of the system to share information and intelligence on quality in order to spot the early signs of problems and to take corrective and supportive action to prevent early problems becoming more serious quality failures. QSGs are supported and facilitated by the NHS England Local Area Team. The Executive Nurse and Accountable Officer are core members of our local QSG.

4.3 Quality Risk Management Process

The Quality Group is in its fifth year of maintaining a risk register and has gradually established a systematic process to manage the CCG's risks.

The purpose of the risk register is to enable the Group to control and manage risks by taking a proportionate and balanced approach in considering the nature and scale of risks that exist in direct relation to the quality of care it commissions.

The risk register is reviewed at the Quality Group on a monthly basis. Any changes to the register are made based on the likelihood and consequence of the risk being reduced, increasing or staying the same. Changes to the register are recorded in the minutes of the Group and reported on the register.

New risks that are identified at the Group are documented and amended on the register. The CCG's governance lead will extract the highest risks from the directorate register and escalate these to the corporate risk register as part of the Board Assurance Framework (BAF). Where a risk is transferred to the BAF a note will be made in the minutes of the Quality Group.

Independent sources of assurance on the effectiveness of the CCG's risk management and quality assurance systems include:

- Audit Commission
- National Quality Board
- Internal Audit reviews of quality and assurance processes
- External inspection agencies, e.g. Care Quality Commission
- NHS England Local Area Team
- Audit Committee

5. Quality of Commissioned Services

5.1 Background

Over the past decade, the role of commissioning has become increasingly important to the health system in England.

Commissioning is not one action but many, ranging from the health-needs assessment for a population, through the clinically based design of patient pathways, to service specification and contract negotiation or procurement, with continuous quality assessment.

There is no single geography across which all services should be commissioned: some local services can be designed and secured for a population of a few thousand, while for rare disorders, services need to be considered and secured nationally.

5.2 Context

NLCCG has one main provider; Northern Lincolnshire and Goole NHS Foundation Trust (NLaG) where care is commissioned for acute hospital site services, community and emergency care.

Mental health services are commissioned from Rotherham, Doncaster and South Humber NHS Foundation Trust [RDaSH] further acute services are commissioned from Hull and East Yorkshire NHS Hospitals Trust [HEY].

Each provider needs to demonstrate a rate of quality improvement consistent with the standards and trajectories detailed in our commissioning strategy.

5.3 Key Challenges and Drivers

Providers are working at a time of unprecedented financial and performance challenges. As is pointed out in 'Next Steps on the Five Year Forward View' (March 2017), the NHS faces fundamental challenges include budget pressures, changes in treatment and changes in patients' health care needs and personal preferences. This is set against a background of a growing population, an ageing population and a sicker population in addition to new drug treatments and cuts in local councils' social care.

2017 marks the third phase of NHS England's life where the focus shifts decisively to supporting delivery and implementation of the key priorities detailed in the Five Year Forward View. The CCG's approach described in this strategy, and in the CCG's Quality Assurance Framework, builds on the principles described in the Five Year Forward View.

5.4 Objectives of NL CCG Quality Strategy for Commissioned Services

- Secure continuous improvements in service delivery across all commissioned services
- Ensure that the patient voice is central to service planning and evaluation
- Secure services that are safe and have positive outcomes for patients
- Promote innovation and research to promote greater effectiveness and efficiency
- Ensure that that all commissioned services support and comply with the NHS Constitution

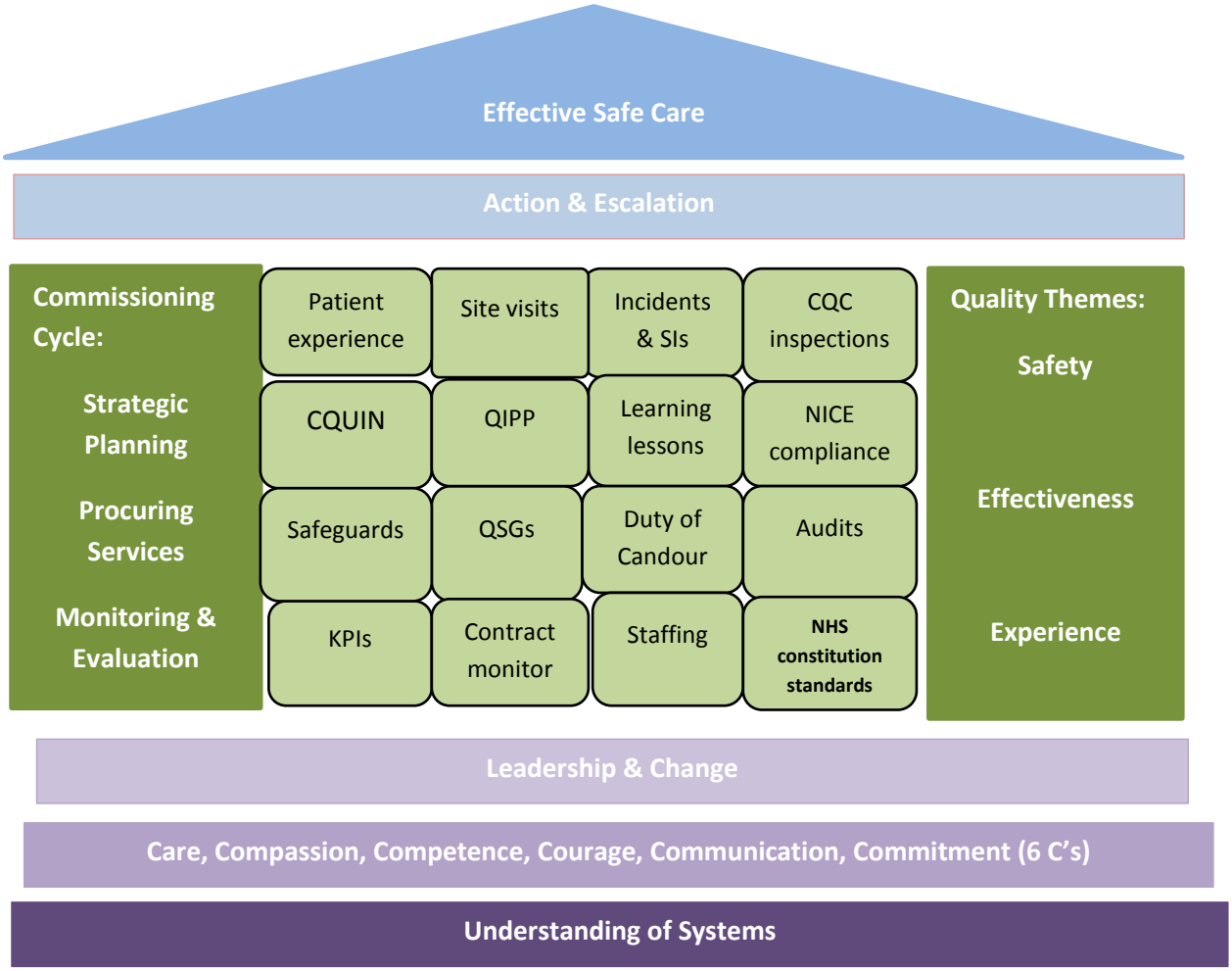
5.5 Delivering Quality in Commissioned Service

Commissioning is the starting point of securing excellent care, and with this in mind we have translated the principles of 'Compassion in Practice' (DH, 2012) and 'Compassion in Practice: Two Years On' (2015) into the way we should operate as commissioners.

In using this approach it aligns the principles that are being driven across quality, into wider areas of the health system and establishes a common language that is about high quality patient care and experience.

The CCG's quality assurance framework (Figure 3) describes the interface between the assurance and commissioning processes by applying the fundamental principles of 'Compassion in Practice' and positioning them as one of the three foundation layers: knowledge and system understanding, commissioning principles, leadership and change within the commissioning quality assurance framework.

Figure 3: NLCCG commissioning quality assurance framework



Whilst the day-to-day leadership of clinical quality sits with the Director of Nursing, clinical quality is an integral part of all commissioning activities. The commissioning quality assurance framework provides a structure to assist all staff in understanding their role and contribution to high quality clinical and patient care.

The framework also provides an overview of how the quality of service provision is understood and managed in commissioning organisations.

The end point of which is a commissioning organisation that is compassionate about patients and their health outcomes.

Using the NLCCG commissioning quality assurance framework

Foundation (Purple): By applying our understanding of the local health economy and the wider health & social care system with the underpinning principle of good nursing care, the CCG is able to create a solid foundation on which to build effective procurement and monitoring processes.

Building blocks (Green): The CCG will incorporate the three main quality themes (Safety, Effectiveness & Experience) into the commissioning cycle by applying the elements defined in the building blocks into the contract and quality monitoring process. The Quality Team will triangulate this data to identify themes and trends and to agree further action as necessary.

Next steps (Blue): The CCG's Quality Team will work in collaboration with the CCG's Commissioning and Contracting Teams to monitor delivery of the agreed actions and to review improvements made to the services(s).

5.6 NLCCG Operational Plan for 2017/18 – 2018/19

The CCG's Operational Plan for 2017/18 – 2018/19 forms years three and four of the Five Year Forward View. The plan reflects the requirements set out in the NHS Operational Planning and Contracting Guidance 2017-2019, taking into account the wider Sustainability and Transformation Plans (STP) involving the CCG.

The CCG is an active participant in the STP and is committed to aligning local delivery to the STP. The CCG is appropriately represented in all of the STP work-streams and proactively leading some of these across the STP.

The STP aims to enable people to look after themselves to reduce the risk of them falling ill, have systems in place to avoid crisis through early help and only go to hospital when it is planned and necessary and for the minimum amount of time.

The STP sets out a triple aim; achieving our desired outcomes, maintaining quality services and closing our financial gap.

The CCG will continue to work with the Humber, Coast & Vale STP and the Northern Lincolnshire STP delivery in place partners to oversee delivery of the STP and the local place based plans. Phase one of the 'at place' delivery will focus on urgent

care, haematology and oncology and orthodontics, with plans in place to develop cases for change, options appraisals and business cases.

Current STP level commissioning plans focus on ophthalmology, weight management, diabetes, outpatients and commissioning of procedures of limited clinical value. Further pathways will be addressed through co-ordinated commissioning plans for dermatology/plastic surgery, musculo-skeletal, gastroenterology, respiratory and cardiovascular disease.

The co-ordinated commissioning plans reflect that the CCGs across the Humber & Vale STP are at different stages of commissioning for these and that the underlying needs for CCG populations may be different. In 2017/18, the CCG will utilise the Right-Care approach to redesign gastro-enterology, cardiovascular and respiratory services.

Please refer to the NLCCG Quality Assurance Framework for further details on the CCG's approach to commissioning quality services.

6. Delivering Quality in Primary Care

6.1 Context/Background to challenges faced by primary care

The reform of primary care has risen to the top of the agenda recently, with NHS England launching a review of primary care as part of the 'General Practice (GP) Forward View' (April 16). The GP Forward View represents a step change in the level of investment and support for general practice. It includes help for struggling practices, plans to reduce workload, expansion of a wider workforce, investment in technology and estates and a national development programme to accelerate transformation of services.

NL CCG is committed to working with, and helping member GP practices and wider primary care, to quality assure current standards of care, and will work to improve the range and quality of services that can be offered in primary care.

In fulfilling this commitment we will be working closely with the NHS England Area Team, and we expect to take on more responsibilities and leadership as we progress through the process of co-commissioning primary care services.

6.2 Next steps

NL CCG is currently a level 2 co-commissioner of primary care; the CCG has maintained on-going dialogue with its member practices regarding future commissioning of primary care. NL CCG Council of Members has voted to retain level 2 co-commissioning and we will continue to work closely with our member practices to support them in developing commissioning intentions and any future requirements.

Primary care professionals will increasingly work at different organisational levels, for example, in their own practice, a neighbourhood of practices and across the local health economy. This will open up opportunities in pathway design, service leadership, education, training and research, and may develop new areas of clinical interest.

Specialists will develop more community facing roles, supporting primary care colleagues in developing case management expertise, both in person and remotely.

There will be greater use of technology to connect primary care with others, to share best practice and source timely advice.

6.3 Objectives for Primary Care Quality

The CCG will:

- Secure continuous improvement in service delivery Secure sustainability and resilience within primary care through transformational change, including developing care networks that support delivery of primary care on a larger footprint and new models of care delivery through development of the workforce to support skill mix within individual practices and across care networks
- Secure reduction in unwarranted variation of care and promote harm reduction
- Work with primary care practitioners to support re-validation and recruitment
- Support registration of practices with the Care Quality Commission
- Enhance the skills and capacity of the primary care workforce improving recruitment and retention
- Improve access to primary care services including developing alternatives to face-to-face consultation and developing a model of extended hours that is appropriate to the needs of North Lincolnshire
- Ensure that the patient voice is central to service planning and evaluation
- Support research and innovation

The above objectives support and are integral to the CCG's strategic plan and are incorporated into the NLCCG Primary Care Development Strategy.

6.4 Continuous Quality Improvement

In order to be able to fulfil our role in the quality improvement process we will be working with the Area Team of NHS England (the Area Team) to understand the current arrangements for how the services are quality assured and how the current quality and performance data flows.

We will:

- understand how the information and intelligence from complaints, serious incident reporting and the annual Quality Outcomes Framework (QOF) data in primary care currently flows, including review of the current QOF framework.
- work with NHS to take a lead role in the investigation of and learning from serious incidents in primary care
- take appropriate steps to engage with any new process or systems that the Area Team establishes in relation to incident reporting and complaints management in Primary Care
- based on performance information and triangulation of above data, develop a system for agreeing individual practice quality improvement plans and support their achievement
- work towards developing monthly reports benchmarking practice performance on key quality, performance and financial measures. Practices are expected to take action to demonstrate continuous improvement.

7. Quality Assurance Framework

The CCG's approach to quality development and assurance is based on the national and local drivers described in this strategy and implemented as described in the NLCCG Quality Assessment Framework. Further details can be found in the NLCCG Quality Assurance Framework.

8. Equality & Diversity

As a result of performing the analysis, the policy does not appear to have any adverse effects on people who share Protected Characteristics and no further actions are recommended at this stage.

9. Sustainability

As a result of performing the analysis, this policy does not have any effects in terms of sustainability.

10. Bribery Act 2010

The CCG follows good NHS business practice as outlined in the Policy of Business Conduct and has robust controls in place to prevent bribery. Due consideration has been given to the Bribery Act 2010 in the development (or review, as appropriate) of this policy document and no specific risks were identified.

11. Scope of the Strategy

This strategy encompasses the role of the CCG as a commissioner of services and in supporting NHS England in securing improvement in the quality of primary care medical services. It covers all members of staff who work for the CCG including contractors.

12. Strategies & Policies

The following Strategies / Policies support the CCG's quality commitment

- NLCCG Quality Assurance Framework
- NLCCG Risk Management Strategy
- NLCCG Information Management Strategy
- NLCCG Information Governance Framework
- NLCCG Serious Incident Policy
- NLCCG Primary Care Development Strategy
- NLCCG Research & Research Governance Strategy

13. Strategy Review

This strategy will be subject to regular review and be formally reviewed at least annually.

14. Appendices

Appendix A - Safeguarding Children and Vulnerable Adults

Context

Working with partner organisations and health providers to protect vulnerable children, young people and adults is a key priority for North Lincolnshire Clinical Commissioning Group.

We understand that some patients and members of the public may be unable to uphold their rights and protect themselves from harm or abuse. They may have greatest dependency on our services and yet be unable to hold services to account for the quality of care they receive. In such cases, we have particular responsibilities to ensure that those patients receive high quality care and that their rights are upheld, including their right to be safe.

We are working with our partners including local police, social care, education, care homes and other local statutory and voluntary organisations and with our GP practices and other health care organisations to strengthen arrangements for safeguarding adults and children in North Lincolnshire. To deliver this, we have in place a comprehensive Safeguarding Strategy that has the following aims:

- To commission services to ensure, first and foremost that children and adults at risk of abuse are safe.
- To discharge statutory functions.
- To encourage, embed and maintain the best safeguarding practice across North Lincolnshire.
- To ensure continuous improvement and compliance with national and local policies.
- To develop and implement systems for quality monitoring that are robust, auditable and effective.
- To raise awareness about safeguarding.
- To effectively contribute to multi-agency approaches such as the MAPPA and MARAC processes.
- To ensure continued partnership working and contribution to the work of the Local Safeguarding Children Board.
- To ensure partnership working and contribution to the work of the Local Safeguarding Adult Board.

- To work alongside neighbouring Clinical Commissioning Groups to establish roles and responsibilities across the commissioning functions during a transitional period.

- To ensure that a sound legacy is inherited by the Clinical Commissioning Groups; and that as such these bodies are fully prepared for their statutory functions within the new face of NHS Commissioning arrangements.

- To ensure that all staff understand that safeguarding is everyone's business

- To learn the lessons and good practice from serious case reviews, significant incident learning processes, local and national enquiries.

Appendix B - Equality Impact Analysis

1. Equality Impact Analysis	
Policy / Project / Function:	North Lincolnshire CCG Quality Strategy 2017 – 2019
Date of Analysis:	27/06/17
This Equality Impact Analysis was completed by: **(Name and Department)**	Chloe Nicholson, Quality & Experience Manager
What are the aims and intended effects of this policy, project or function?	This strategy sets out how the CCG, working in partnership, will deliver its quality objectives within commissioned services and primary care.
Please list any other policies that are related to or referred to as part of this analysis?	NLCCG Quality Assurance Framework NLCCG Primary Care Development Strategy
Who does the policy, project or function affect? Please Tick ✔	Employees ☒ Service Users ☒ Members of the Public ☐ Other (List Below) ☐

2. **Equality Impact Analysis: Screening**					
	Could this policy have a positive impact on…		Could this policy have a negative impact on…		Is there any evidence which already exists from previous (e.g. from previous engagement) to evidence this impact
	Yes	No	Yes	No	
Race	☐	☒	☐	☒	
Age	☐	☒	☐	☒	
Sexual Orientation	☐	☒	☐	☒	
Disabled People	☐	☒	☐	☒	
Gender	☐	☒	☐	☒	
Transgender People	☐	☒	☐	☒	
Pregnancy and Maternity	☐	☒	☐	☒	
Marital Status	☐	☒	☐	☒	
Religion and Belief	☐	☒	☐	☒	
Reasoning					
If there is no positive or negative impact on any of the Nine Protected Characteristics go to Section 7					

3. **Equality Impact Analysis: Local Profile Data**	
Local Profile/Demography of the Groups affected (population figures)	
General	
Age	
Race	
Sex	
Gender reassignment	
Disability	
Sexual Orientation	
Religion, faith and belief	
Marriage and civil partnership	
Pregnancy and maternity	

4. **Equality Impact Analysis: Equality Data Available**	
Is any Equality Data available relating to the use or implementation of this policy, project or function? Equality data is internal or external information that may indicate how the activity being analysed can affect different groups of people who share the nine *Protected Characteristics* – referred to hereafter as *'Equality Groups'.* Examples of *Equality Data* include: (this list is not definitive) 1. Application success rates *Equality Groups* 2. Complaints by *Equality Groups* 3. Service usage and withdrawal of services by *Equality Groups* *4.* Grievances or decisions upheld and dismissed by *Equality Groups* 5. *Previous EIAs*	Yes ☐ No ☒ Where you have answered yes, please incorporate this data when performing the *Equality Impact Assessment Test* (the next section of this document).
List any Consultation e.g. with employees, service users, Unions or members of the public that has taken place in the development or implementation of this policy, project or function	Discussion at North Lincolnshire CCG Quality Group
Promoting Inclusivity **How does the project, service or function contribute towards our aims of eliminating discrimination and promoting equality and diversity within our organisation**	

5. Equality Impact Analysis: Assessment Test

What impact will the implementation of this policy, project or function have on employees, service users or other people who share characteristics protected by *The Equality Act 2010* ?

Protected Characteristic:	No Impact:	Positive Impact:	Negative Impact:	Evidence of impact and if applicable, justification where a *Genuine Determining Reason* exists
Gender (Men and Women)	X			
Race (All Racial Groups)	X			
Disability (Mental and Physical)	X			
Religion or Belief	X			
Sexual Orientation (Heterosexual, Homosexual and Bisexual)	X			

What impact will the implementation of this policy, project or function have on employees, service users or other people who share characteristics protected by *The Equality Act 2010* ?

Protected Characteristic:	No Impact:	Positive Impact:	Negative Impact:	Evidence of impact and if applicable, justification where a *Genuine Determining Reason* exists
Pregnancy and Maternity	X			
Transgender	X			
Marital Status	X			
Age	X			

6. Action Planning

As a result of performing this analysis, what actions are proposed to remove or reduce any risks of adverse outcomes identified on employees, service users or other people who share characteristics protected by *The Equality Act 2010* ?

Identified Risk:	Recommended Actions:	Responsible Lead:	Completion Date:	Review Date:

7. Equality Impact Analysis Findings				
Analysis Rating:	□ Red	□ Red/Amber	□ Amber	**X** Green

		Actions	Wording for Policy / Project / Function
Red **Stop and remove the policy**	**Red:** As a result of performing the analysis, it is evident that a risk of discrimination exists (direct, indirect, unintentional or otherwise) to one or more of the nine groups of people who share *Protected Characteristics.* It is recommended that the use of the policy be suspended until further work or analysis is performed.	**Remove the policy** Complete the action plan above to identify the areas of discrimination and the work or actions which needs to be carried out to minimise the risk of discrimination.	No wording needed as policy is being removed
Red Amber **Continue the policy**	As a result of performing the analysis, it is evident that a risk of discrimination exists (direct, indirect, unintentional or otherwise) to one or more of the nine groups of people who share *Protected Characteristics.* However, a genuine determining reason may exist that could legitimise or justify the use of this policy and further professional advice should be taken.	**The policy can be published with the EIA** List the justification of the discrimination and source the evidence (i.e. clinical need as advised by NICE). Consider if there are any potential actions which would reduce the risk of discrimination. Another EIA must be completed if the policy is changed, reviewed or if further discrimination is identified at a later date.	As a result of performing the analysis, it is evident that a risk of discrimination exists (direct, indirect, unintentional or otherwise) to one or more of the nine groups of people who share *Protected Characteristics.* However, a genuine determining reason exists which justifies the use of this policy and further professional advice. ***[Insert what the discrimination is and the justification of the discrimination plus any actions which could help what reduce the risk]***

Equality Impact Findings (continued):			
		Actions	Wording for Policy / Project / Function
Amber **Adjust the Policy**	As a result of performing the analysis, it is evident that a risk of discrimination (as described above) exists and this risk	**The policy can be published with the EIA** The policy can still be published but the Action Plan must be monitored to ensure that work is	As a result of performing the analysis, it is evident that a risk of discrimination (as described above) exists and this risk may be removed or reduced by implementing the actions detailed within the *Action Planning s*ection of this document.

	may be removed or reduced by implementing the actions detailed within the *Action Planning* section of this document.	being carried out to remove or reduce the discrimination. Any changes identified and made to the service/policy/ strategy etc. should be included in the policy. Another EIA must be completed if the policy is changed, reviewed or if further discrimination is identified at a later date.	***[Insert what the discrimination is and what work will be carried out to reduce/eliminate the risk]***
Green **No major change**	As a result of performing the analysis, the policy, project or function does not appear to have any adverse effects on people who share *Protected Characteristics* and no further actions are recommended at this stage.	**The policy can be published with the EIA** Another EIA must be completed if the policy is changed, reviewed or if any discrimination is identified at a later date	As a result of performing the analysis, the policy, project or function does not appear to have any adverse effects on people who share *Protected Characteristics* and no further actions are recommended at this stage.

Brief Summary/Further comments	This strategy does not appear to have any positive or negative effects on people who share the protected characteristics.

Approved By		
Job Title:	Name:	Date:

Appendix C– Sustainability Impact Assessment

Staffs preparing a Policy/ Board Report / Committee Report / Service Plan / Project are required to complete a Sustainability Impact Assessment. Sustainability is one of the CCG's key priorities and the CCG has made a corporate commitment to address the environmental effects of activities across CCG services.

The purpose of this Sustainability Impact Assessment is to record any positive or negative impacts that this activity is likely to have on each of the CCG's Sustainability Themes. For assistance with completing the Sustainability Impact Assessment, please refer to the instructions below.

Policy / Report / Service Plan / Project Title: NLCCG Quality Strategy				
Theme (Potential impacts of the activity)	**Positive Impact**	**Negative Impact**	**No specific impact**	**What will the impact be? If the impact is negative, how can it be mitigated? (action)**
Reduce Carbon Emission from buildings by 12.5% by 2010-11 then 30% by 2020			X	
New builds and refurbishments over £2million (capital costs) comply with BREEAM Healthcare requirements.			X	
Reduce the risk of pollution and avoid any breaches in legislation.			X	
Goods and services are procured more sustainability.			X	
Reduce carbon emissions from road vehicles.			X	
Reduce water consumption by 25% by 2020.			X	
Ensure legal compliance with waste legislation.			X	
Reduce the amount of waste produced by 5% by 2010 and by 25% by 2020			X	
Increase the amount of waste being recycled to 40%.			X	
Sustainability training and communications for employees.			X	
Partnership working with local groups and organisations to support sustainable development.			X	
Financial aspects of sustainable development are considered in line with policy requirements and commitments.			X	